

EXAMINING THE RELATIONSHIP BETWEEN SEXUAL WANT, SEXUAL CONSENT,
AND SEXUAL ASSERTIVENESS

By

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ABSTRACT

This study explored the potential role of sexual assertiveness within the sexual decision-making process. Sexual decision-making includes both sexual want (internal desire) and sexual consent (external behavior). Sexual assertiveness is the ability to ask for what one wants or does not want sexually. University of Mississippi students (N=464) primarily of European descent participated in an on-line survey. Participants completed measures of sexual internal consent (want), sexual external consent, and sexual assertiveness within the context of their most recent sexual experience. Moderated multiple regression was conducted to assess how sexual assertiveness interacted with sexual want to influence gender differences in external consent behavior. A 3-way interaction (Gender x ICS x SAS) was found. Results and implications of findings are discussed.

DEDICATION

To my friends and family – thank you for your support and belief in me. To my advisor,
Dr. Alan M. Gross – thank you for leading the way.

LIST OF ABBREVIATIONS

ECS	External Consent Scale
ICS	Internal Consent Scale
SAS	Sexual Assertiveness Scale

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I. INTRODUCTION

Sexual decision making has recently been conceptualized as involving two elements: sexual want and sexual consent (Peterson & Muehlenhard, 2007). Sexual want is an internal desire or willingness to engage in sexual activity. Sexual consent is an external verbal or nonverbal act that indicates agreement to engage in a sexual activity. Sexual want and consent may or may not align (Muehlenhard & Rodgers, 1998; Peterson & Muehlenhard, 2007; Muehlenhard & Peterson, 2005). That is, a person may want and consent to sexual activity, or want sex but not consent to sexual interaction. Conversely, an individual may not want sex but consent, or not want sex and not consent to sexual activity.

Several factors have been identified as influencing sexual want and consent. These include mood, alcohol consumption/intoxication, relationship issues (e.g., length of relationship, relationship conflict, intimacy concerns), and social expectations and pressures (Muehlenhard & Rodgers, 1998; Peterson & Muehlenhard, 2007; Humphreys, 2007). Additionally, sexual coercion, concerns regarding sexually transmitted diseases, and feelings of reciprocation are important factors in whether an individual wants and/or consents to sexual activity (Vannier & O'Sullivan, 2010; Whyte, 2006). Importantly, relative to other sexual acts, sexual intercourse is associated with more decision making ambivalence (O'Sullivan & Gaines, 1998).

Research suggests that consenting to unwanted sex, as well as not consenting to wanted sex is common (O'Sullivan & Gaines, 1998; Muehlenhard & Rodgers, 1998). Vannier and O'Sullivan (2010) reported that 17% of all sexual activity was sexually compliant, with 46% of participants reporting at least one instance of sexual compliance. Consequences of compliant

sexual behavior include feelings of disappointment (O'Sullivan & Allgeier, 1998), and possible risk of HIV infection (Whyte, 2006). Compliant sex has been found to be less enjoyable than desired sex (Vannier & O'Sullivan, 2010). Moreover, in many instances of compliant sex, compliant individuals report having expressed a lack of desire, or believed their partner knew of their lack of desire to engage in sexual activity (Vannier & O'Sullivan, 2010).

Sexual consent involves two components: knowledge of what is being agreed on and the freedom to give agreement (Muehlenhard, 1995-1996). Most research indicates that in contrast to verbal expressions of consent and refusal, nonverbal behaviors are most frequently used when initiating (Hickman & Muehlenhard, 1999; Beres, Herold, & Maitland, 2004; Beres, 2007) and responding to sexual activity (Beres et al., 2004). Nonverbal behaviors such as no response and/or absence of resistance (Hickman & Muehlenhard, 1999; Beres et al., 2004), removal of clothing (Hickman & Muehlenhard, 1999; Beres et al., 2004), and physical closeness (Beres et al., 2004) have been found to be interpreted as indicators of consent. Men and women differ in how they express consent (Hickman & Muehlenhard, 1999; Jozkowski, Peterson, Sanders, Dennis, & Reece, 2014a). Men are more likely than women to use nonverbal behaviors (Beres et al., 2004; Jozkowski et al., 2014a). Additionally, men and women differ in interpreting how the other gender consents to sexual intercourse (Hickman & Muehlenhard, 1999).

Sexual assertiveness is the ability to assert oneself sexually (Morokoff et al., 1997). Sexual assertiveness correlates with sexual and relational satisfaction (Ménard and Offman, 2009; Greene & Faulkner, 2005). Several studies suggest that sexual assertiveness is a protective factor against sexual victimization (Greene & Navarro, 1998; Livingston, Testa, & VanZile-Tamsen, 2007), including sexual coercion (Walker, Messman-Moore, & Ward, 2011).

The purpose of this study is to examine sexual assertiveness in the context of sexual want and consent. Following a discussion of sexual want and consent and factors influencing each, sexual compliance will be examined. Sexual expression behaviors will also be presented, along with an examination of sexual assertiveness.

Sexual want, degrees of sexual want, and factors influencing sexual want

Sexual want (desire) or lack thereof, has been viewed as a dichotomous yes (I want sexual activity) - no (I do not want sexual activity) choice. However, there are numerous contingencies influencing sexual decision-making that may make level of desire more dimensional than dichotomous. These factors include sexual arousal, relationship considerations, and potential consequences associated with sex (Muehlenhard & Rodgers, 1998; O'Sullivan & Gaines, 1998; Peterson & Muehlenhard, 2007).

While examining token resistance to sex, or the idea that men and women may say no to sex when they mean yes, Muehlenhard and Rodgers (1998) found that participants conflated sexual want with consequences of sexual activity, indicating that sexual want is not a dichotomous construct. When 65 women and 64 men attending a Midwestern university were asked to write narratives of past instances of token resistance to sex, most accounts were not actual instances of token resistance. Instead, most participants described reasons for wanting or not wanting sex and how this influenced sexual decision making. Specifically, in their narratives participants distinguished between wanting the physical act of sex, and not wanting the consequences of sex. For instance, a participant reported being sexually aroused and wanting sexual pleasure, but not consenting to sexual intercourse due to lack of a condom. Another participant reported liking sex and wanting to have sex, but refraining from sex because of concerns about her partner's sexual past.

As a result of the above findings, Muehlenhard et al. (as cited in Muehlenhard & Peterson, 2005) further studied sexual want and found that several factors influence sexual want: sexual arousal/attraction, guilt/fear of harm to image, sex to enhance image and fear of pregnancy. Women more than men were found to be more concerned about guilt/fear of harm to their image, and men more than women were more concerned about sex to enhance their image (as cited in Muehlenhard & Peterson, 2005).

The dichotomous model of sexual want does not capture the ambiguity many experience when faced with the prospect of sex (Muehlenhard & Peterson, 2005). Sexual ambivalence occurs when individuals are undecided about their desire and willingness for sexual activity (for the remainder of the paper, “ambivalent sexual encounter” will be used to express this state; Muehlenhard & Peterson, 2005; O’Sullivan & Gaines, 1998). O’Sullivan and Gaines (1998) asked participants if they had ever experienced ambivalence about engaging in sexual activity, reasons why they had experienced ambivalence, and reasons why they did or did not consent to the ambivalent sexual encounter. Of 96 male and 98 female participants, 81% reported previously experiencing ambivalence when a partner initiated sexual activity. More women than men reported experiencing ambivalence (87% vs 75%). Sexual intercourse was the activity associated with the most ambivalence (71%), while hugging, kissing, and fondling activities were associated with the least ambivalence (less than 3% each). Relationship and intimacy issues (42.7%), arousal (22.9%), circumstantial (21.7%), and moral (9.6%) factors were reported by participants as reasons for ambivalence. Regarding the ambivalent sexual activity, 36.3% of participants reported accepting, 52.8% reported refusing, and 10.8% reported being pressured or forced to participate in the sexual activity. Reasons for engaging in the ambivalent sexual activity included increased sexual arousal (71.6%), not wanting to disappoint, upset, or anger the

partner (52.7%), satisfy partner's arousal (44.6%), and show affection/caring (40.5%). Reasons for not engaging in the ambivalent sexual activity included worry about pregnancy/STDs (41%), concern that the sexual activity was too intimate for the relationship (34.9%), and moral reasons (33.7%). Moreover, of those that consented to the ambivalent sexual activity, 56.2% reported it to be wanted, 27.4% reported continuing to be unsure, and 16.4% reported not wanting to engage in sexual activity. Importantly, only 33% of women and 24% of men reported communicating their feelings of ambivalence to their partner.

The issues noted above resulted in the suggestion that sexual want is a continuous construct (Muehlenhard & Peterson, 2005; Peterson & Muehlenhard, 2007). That is, there are degrees of interest in sexual activity. Muehlenhard and Peterson (2005) advocated for consideration of dimensions of wanting the sexual act itself, wanting the consequences of the sexual act, and the importance of separating sexual want from sexual consent. Consequently, sexual activity may be wanted and consensual, wanted and nonconsensual, unwanted and consensual, or unwanted and nonconsensual (Peterson & Muehlenhard, 2007).

Peterson and Muehlenhard (2007) surveyed 77 college women concerning experiences of rape, including unacknowledged rape, and 87 college women's experiences of consensual sex. Participants completed measures of sexual want and sexual experiences, as well as answered global questions of sexual want and consent. Analyses revealed that 19% of women who had been raped experienced ambivalence concerning sexual intercourse. That is, their interest in sex was tempered by concerns regarding the consequences of sexual activity, so they did not consent (want and not consent). Conversely, about half of the women who had consented to sex expressed somewhat not wanting the consequences of sex (not want and consent). Participants who reported wanting and consenting to sex indicated they did so because neither she nor her

partner were intoxicated or virgins, they were in the mood, or hoped to strengthen their relationship. Participants who reported they did not want sex and did not consent did so because they were not in the mood, expected negative consequences as a result of sex, lacked confidence in their ability to perform sexually, disliked the other person or feared negative social consequences. A participant who reported wanting the sexual act itself, but not wanting the consequences of the sexual act, did not consent to sex because she did not feel she was ready, feared becoming pregnant, and did not love the other person. Results from the study suggest there are different levels of sexual want, and importantly, degrees of sexual want may change depending on sexual context.

As can be inferred from above, conceptualizing sexual want on a continuum makes inadequate the traditional dichotomous model of wanting versus not wanting sex. Instead, sexual want includes both internal desire for sexual activity and consideration of contextual factors (e.g., situational and relationship variables, potential consequences of sexual activity).

Sexual consent and sexual expression behaviors

Sexual consent is viewed as behavior designed to communicate desire/willingness to engage in sexual activity. Knowledge of what one is agreeing to and the ability to freely give consent should be integral to the construct of sexual consent (Muehlenhard, 1995-1996). Only when these conditions are met is sexual consent possible. Muehlenhard differentiated between mental consent and verbal consent. Mental (internal) consent occurs when an individual has internally made the decision to engage in sexual activity. Verbal (external) consent occurs when an individual expresses (conveys) the internal state to his or her partner. As most sexual behavior is not explicitly verbally consented to, the internal state must be inferred from external behavior (in Muehlenhard, 1995-1996).

In a review of the literature, Beres (2007) concluded there is little clarity/consistency concerning how people conceptualize and/or communicate sexual consent. Beres (2007) defined sexual consent as external behavior that must be readily interpretable by others. Typically, sexual consent is viewed as something women give in response to a partner's sexual advances (Beres, 2007; Burkett & Hamilton, 2012), as men are frequently the initiators of sexual activity (Jozkowski et al., 2014a). Using qualitative data concerning sexual consent from 8 Australian women aged 18 to 24 years old, Burkett and Hamilton (2012) found that many of the participants perceived it to be the woman's job to say no to sexual activity. Sexual consent is often assumed by her partner (viewed as implicit). That is, in the absence of verbal and/or physical sexual refusals, men likely assume a woman has consented to sex (Burkett & Hamilton, 2012).

Examining consent behaviors in the context of their most recent sexual encounter, Hall (1998) asked 118 male (mean age 20.8 years) and 192 female (mean age 21.5 years) undergraduate students to order the sequence of sexual activities that occurred during the encounter, report if consent was given for each sexual behavior, and how consent was expressed. Kissing was reported by 90% of participants as the first sexual activity to occur. Participants responded that most sexual consent behavior was nonverbal (e.g.; "did not move away," "intimately touched") or involved a combination of verbal and nonverbal behavior. Consent was not given for each behavior as the sexual encounter progressed, but was generally given for the initial behavior and the more intimate sexual behaviors, such as sexual intercourse and oral sex. Sexual intercourse was the sexual behavior associated with the most verbal consent behavior for men and women. Among women, 43% reported expressing verbal consent for sexual intercourse, while 38.5% of men reported expressing verbal consent for sexual intercourse.

Hickman and Muehlenhard (1999) studied how men and women express and interpret sexual consent. Consent was defined as the “freely given verbal or nonverbal communication of a willingness to engage in sexual activity” (p. 259). They asked 378 students (188 women and 190 men) enrolled in introductory psychology courses to read and imagine being in a scenario where they initiate sexual activity verbally or nonverbally, and to interpret whether 34 partner behaviors indicate sexual consent or nonconsent. Participants also read a partner initiated scenario, stated their own probable consent behavior, and indicated how often they had previously expressed each of 34 consent behaviors. Participants reported more often imagining initiating sexual intercourse nonverbally than verbally. For men, 96% reported imaging themselves nonverbally initiating sexual intercourse, and 73% reported imaging themselves verbally initiating sexual intercourse. Among women, 67% reported imaging themselves nonverbally initiating sexual intercourse, and 48% imaged themselves verbally initiating sexual intercourse. Men, more than women, reported using indirect nonverbal signals (getting undressed), statements about intoxication (“I’m really drunk”), and no response to convey sexual consent/nonconsent. Women reported using indirect verbal signals (ask if partner has a condom) more often than men to indicate consent. Direct refusal and intoxication were the least reported ways of indicating consent/nonconsent. Men and women rated their own behavior as being more indicative of their sexual consent than did the other gender. Women accurately interpreted men’s direct consent/nonconsent behavior (e.g., direct verbal and nonverbal signals, direct refusal), but did not accurately interpret men’s indirect consent behavior (e.g., indirect verbal, indirect nonverbal, no response, intoxication). On the other hand, men accurately interpreted women’s direct refusal and no response consent/nonconsent behavior, but rated women’s other consent behaviors as more indicative of consent than did women. These data suggest that men and

women differ somewhat in their understanding of how the other gender consents and refuses sexual activity.

To understand how individuals express sexual consent, Beres et al. (2004) surveyed 257 university students (127 males and 130 females) on behaviors they used to initiate and respond to sexual activity in same-sex relationships. Participants answered a 26-item likert-type consent measure concerning initiation and response behaviors to sexual activity in the previous 12 months. Nonverbal behaviors (e.g., hug and caress partner, be physically close) were reportedly used more frequently than verbal behaviors (e.g., say “yes”, discuss positive feelings about sex) when initiating and responding to sexual activity. No gender differences were found regarding sexual activity initiating behaviors, but men were found to be more likely than women to use nonverbal behaviors when giving sexual consent. Returning partner’s touch and kiss was the response most frequently or always endorsed by participants (84%) as indicating consent, while “say no” was only frequently or always used by 4% of participants to indicate lack of consent. Instead, 80% of participants indicated that they seldom or never explicitly “say no” when refusing sexual activity. Conversely, 66% of participants reported frequently or always indicating consent by not resisting partner advances. These results suggest that nonverbal behaviors, specifically returning partner’s touch and kiss as well as lack of resistance, are often used to indicate consent to sexual activity, and that only a small percentage of people may clearly verbally indicate lack of consent when in a relationship.

Humphreys (2007) studied the effect of gender and relationship status on interpretation of sexual consent behavior. A large sample of undergraduates (n = 414, 64% female with a mean age of 19.7 years) read a fictional scenario of a man nonverbally initiating sexual behavior with a woman. Participants were told the couple were on a first date, had been dating three months, or

married two years. After reading the scenario, participants were asked to rate if each of 11 sexual activity behaviors required “a clear and explicit indication of consent” within the context of a new dating (no sex yet) or committed relationship (regular sexual intercourse). Results indicated that as relationship length increased, nonverbal behaviors were deemed just as effective as verbal behaviors in communicating consent, whereas in the first date condition participants indicated that consent should be more explicitly obtained. Additionally, participants responded that women married two years would be significantly more likely than women on a first date to have stopped the man if she did not want to engage in sexual activity. Relative to female participants, males indicated nonverbal behavior to be as effective as verbal behavior as a means to indicate consent. Although no gender differences occurred concerning agreement that the male in the scenario consented to sexual activity, men more than women more strongly agreed that the female in the scenario consented to sexual activity. When rating consent behavior for 11 sexual activities, participants responded that explicit consent was required for more intimate acts such as intercourse (92% in a new relationship vs 63% in a committed relationship) than for less intimate acts such as hugging (15% vs 4%). Additionally, for every sexual activity, explicit consent was required significantly more in the new relationship than in the established relationship, except for anal intercourse, which required approximately equal amounts of explicit consent (91% vs 88%). These data suggest that relationship context influences the manner in which sexual consent is communicated/interpreted.

In an attempt to identify how men and women conceptualize and indicate and interpret sexual consent, Jozkowski et al., (2014a) asked 185 college students to complete the National Survey of Sexual Health and Behavior and answer qualitative questions on how they define, communicate, and interpret sexual consent, as well as how they consent to four types of sexual

behavior. Answers were coded by theme and assessed for interrater reliability. No gender differences were found for the definition of consent. Most participants (61%) defined consent as an act of agreement, when two people are willing (“when sex is mutually conducted between willing people”) or when someone gave permission. Only 16.2% of participants defined consent as explicitly “saying yes to sex.” Inconsistent with prior findings, participants overall reported using more verbal than nonverbal behavior to indicate consent and nonconsent. However, gender differences were observed. Women reported using more verbal strategies than men, whereas men reported using more nonverbal strategies than women. Relative to less intimate sexual activity such as “fooling around/intimate touching,” higher levels of sexual intimacy, such as sexual intercourse, were associated with more frequent use of verbal or a combination of verbal and nonverbal consent behaviors. When interpreting partner consent/nonconsent behavior, participants were more likely to infer sexual consent from nonverbal than verbal behavior, but more likely to interpret nonconsent from verbal behavior. Specifically, men reported relying more on nonverbal indicators of partner consent than did women, whereas 28% of women and only 10% of men reported relying on partner verbal behaviors to indicate sexual consent. However, men, more than women, reported relying on nonverbal (e.g., “she did not seem into it”, “she wasn’t making eye contact”) partner behavior to indicate lack of consent to sexual activity. These data suggest that men and women generally draw conclusions concerning partner sexual consent on the basis of partner nonverbal behavior. However, data reveal that men and women differ in their interpretation of what constitutes nonverbal consent behavior, thus setting the stage for possible miscommunication.

Compliant sexual behavior

Sexual compliance is defined as unwanted, but consensual sex. O'Sullivan & Allgeier (1998) surveyed consent to unwanted sexual activity in 104 male and 96 female undergraduate students in committed relationships. Participants generally believed their partner's desire for sex to be significantly greater than their own desire to engage in sexual activity. During the two week period of examination, 43.8% of participants reported not wanting to engage in a partner initiated sexual activity. "Making Out" (15%), sexual intercourse (14.4%), and hugging (14.4%) were the most unwanted sexual activities. Of those not wanting to consent to sexual activity, about 87% consented to the unwanted sexual activity, and just 13% did not consent to the unwanted sexual activity. Satisfy a partner's needs/promote intimacy was the most cited reason (41%) for compliant sexual behavior. Interestingly, men, more than women, reported consenting to unwanted sexual activity to avoid relationship tension. After consenting to unwanted sexual activity, participants overall reported more positive than negative outcomes within the context of their relationship. Emotional discomfort (e.g., disappointment in oneself; 32.8%) was the most reported negative outcome. Of those reporting a compliant sexual interaction, 63% believed their partner had also agreed to unwanted sex with them in the previous year. It may be that sexually compliant behavior within the context of a committed relationship is in part due to feelings of a need to reciprocate sexual intimacy/pleasure.

Whyte (2006) used the HIV Risk Behavior Questionnaire to assess high risk sexual behaviors in a sample of 524 African American women aged 18 to 49 (mean age of 23.33 years) living in the southeastern United States. Seventy percent of respondents reported consenting to unwanted sex. Reasons for consenting to unwanted sex included: to maintain the relationship (37.4%), to avoid verbal abuse (18%), and to avoid loss of shelter (8%). Additionally, 63.4% of

women reported consenting to unwanted sex only after repeated partner requests. Using correlation analysis the authors found that women in the study who consented to unwanted sex were more likely to have unprotected sex, use drugs, and engage in high-risk sexual behaviors. Thus, women who engaged in compliant sexual behavior were potentially more at risk for HIV infection.

Using daily diaries, Vannier and O'Sullivan (2010) asked 31 male and 32 female college students aged 18 to 24 years in committed relationships (average length of 25.7 months) to record their daily sexual activities over a three week period. Participants were asked to answer dichotomous or likert-type questions regarding sexual activity, including how much they wanted sexual activity, who initiated, and how much they thought their partner wanted sexual activity. After the three week duration participants were interviewed about any compliant sexual activity. Interviews were transcribed and answers were coded according to theme. Participants reported that 17% of all sexual activity was sexually compliant. At least one instance of sexual compliance was reported by 46% of participants. Men and women reported no difference in sexual compliance rates. On the first occasion of compliant sexual activity, genital touching was most endorsed (79%). Qualitative reasons for engaging in compliant sex included an "implicit contract" (e.g., a feeling of reciprocation; 75%) and pressure in the past to engage in unwanted sexual activity (42%). Reasons for not wanting sexual activity included feelings of tiredness, stress, and anger. Of participants, 58% reported initially not wanting sexual activity, but wanting sexual activity as the sexual activity continued. Compliant sexual activity was rated as less enjoyable than wanted sexual activity.

Jozkowski and Peterson (2013) surveyed 640 undergraduate males and females aged 18-23 years on how sexual consent influenced quality of their last sexual intercourse experience.

Quality was assessed using a single-item question with response options ranging from poor to excellent. Participants were administered measures of alcohol consumption and internal and external consent. Correlational analyses indicated that for men quality of sex was most associated with consent/wantedness (.34), and for women quality of sex was most associated with safety/comfort (.49) and consent/wantedness (.34). Consent/wantedness was most associated with arousal (.60) and safety/comfort (.58) for women, whereas consent/wantedness was most associated with quality of sex (.34) and arousal (.29) for men. Hierarchical linear regression revealed that after controlling for alcohol consumption, relationship status, and age, the combination of physical response, safety/comfort, and agreement/wantedness predicted 31.1% of the variance in quality of sexual intercourse for women. For men, increased age, direct nonverbal behavior, safety/comfort and agreement/wantedness predicted 23.3% of the variance in quality of sexual intercourse.

This review suggests that in the examination of sexual decision-making, it is important to consider dimensions of desire and consent. As can be seen above, complying with unwanted sex is fairly common, although not without cost. Compliant sex is associated with lower levels of sexual enjoyment, risky behaviors, and emotional discomfort.

Sexual assertiveness

Sexual assertiveness is the ability to state what one wants sexually. It is external behavior that communicates what one wants in a sexual context. Sexual assertiveness includes the ability to ask for what one sexually wants, to refuse what one does not sexually want, and to advocate for safe sex/prevention practices (Morokoff, et al., 1997). Sexual assertiveness can be measured separately from general assertiveness (Greene & Navarro, 1998).

In examining sexual communication, including sexual assertiveness, Greene and Faulkner (2005) surveyed 698 heterosexual couples (mean relationship duration of 2 years) from a college and surrounding area with ages ranging from 18-30 years (mean age of 21.9 years). Participants were given measures of sexual communication, sexual assertiveness, and relational satisfaction, among others. Sexual assertiveness was measured using the Hurlbert Index of Sexual Assertiveness (HISA; Hurlbert, 1991) that included 25 Likert-type questions on sexual initiation, sexual refusal, and assertive sexual talk. Correlational analyses revealed positive associations between each type of sexual assertiveness, dyadic sexual communication, and relational satisfaction. Relationship length was not correlated with sexual assertiveness. Interestingly, women, more than men, reported more sexual communication behavior, but less perceived efficacy in their ability to negotiate sexually. Men more than women, reported greater initiation assertiveness and assertive sexual talk behavior. No gender differences were found on refusal assertiveness. Hierarchical regression revealed that for men and women after accounting for sexual double standards, all three subtypes of sexual assertiveness predicted dyadic sexual communication, which in turn predicted relational satisfaction. More sexually assertive individuals sexually communicated more, and felt they were “more able to influence their partner’s sexual behavior through talk” (p. 249).

Ménard and Offman (2009) asked 71 individuals from Ottawa (25 men and 46 women) aged 19-56 years to complete measures of sexual self-esteem, sexual satisfaction, and sexual assertiveness. Participants answered 28 items on a Likert-type scale regarding the percentage of time they engaged in sexually assertive behaviors. Correlational analyses indicated significant relationships between sexual self-esteem, sexual assertiveness, and sexual satisfaction. Additionally, sexual assertiveness was found to partially mediate the relationship between sexual

self-esteem and sexual satisfaction. This finding indicates that sexual assertiveness is important for sexual satisfaction.

Greene and Navarro (1998) surveyed 274 undergraduate women on protective factors, including sexual assertiveness, as well as risk factors for sexual victimization at three time points. Participants were assessed at the beginning of the school year, at the end of the fall semester, and at the end of the spring semester. Sexual assertiveness was examined by adding “with the opposite gender” to assertiveness questions on the Inventory of Interpersonal Problems. Items were assessed using a 5-point Likert-type scale. Participants also completed items related to religiosity, campus involvement, alcohol use, prior victimization, number of sexual partners, and current sexual experiences. Sexual assertiveness negatively correlated with sexual victimization at all three time points. Moreover, low sexual assertiveness and prior sexual victimization significantly predicted future sexual victimization. This suggests that low sexual assertiveness is a risk factor for sexual victimization.

In their investigation of the relationship between sexual victimization and sexual assertiveness, Livingston et al. (2007) surveyed 937 women aged 18 to 30 at three time points over two years. Participants completed measures of depression, PTSD, sexual experiences, and sexual assertiveness at the start of the study, 12 months later, and then again after an additional 12 months. Sexual assertiveness was assessed using the refusal subscale of the Sexual Assertiveness Scale (SAS; Morokoff et al., 1997) at the first and third time points. Correlational analyses revealed that low sexual refusal assertiveness at both the start and end of the study was associated with increased sexual victimization since age 14, depression, and PTSD at the start of the study, and recent sexual victimization. Sexual refusal assertiveness at the start of the study was positively associated with sexual refusal assertiveness two years later. Sexual victimization

since age 14 predicted low sexual refusal assertiveness reported at study onset, and low sexual refusal assertiveness in turn predicted future sexual victimization. Sexual refusal assertiveness was also found to mediate the relationship between previous and later victimization, as well as to predict new instances of sexual victimization in women who had not previously been sexually victimized. These data suggest that low sexual assertiveness is a risk factor for sexual victimization.

In examining sexual assertiveness, Walker et al., (2011) used refusal sexual assertiveness as well as relational sexual assertiveness to investigate the relationship between number of lifetime sexual partners and instances of sexual coercion and rape in a study of 335 college females (mean age of 18.71 years). Participants completed measures of sexual experiences, refusal and relational sexual assertiveness, and reported number of consensual lifetime sexual partners. 32% of participants reported experiencing unwanted sexual intercourse with 6.9% reporting being verbally coerced, 17.9% reporting being raped, and 7.2% reporting previous instances of both verbal coercion and rape. Correlational analyses indicated relational and refusal sexual assertiveness both negatively related to number of lifetime sexual partners, verbal sexual coercion, and rape. Conversely, refusal and relational sexual assertiveness were positively associated with each other. Relational sexual assertiveness moderated the relationship between number of sexual partners and verbal sexual coercion such that women who had more sexual partners and low relational sexual assertiveness experienced a greater number of instances of verbal sexual coercion. However, as relational sexual assertiveness increased number of sexual partners made no difference in instances of verbal sexual coercion. This effect was not shown for refusal sexual assertiveness, nor was it shown in women who had been raped. However, women who reported previous instances of verbal coercion and rape, it was separately found that as the

number of sexual partners increased, so did instances of verbal sexual coercion for women with low refusal/relational sexual assertiveness. Verbal sexual coercion did not increase for women with medium or high refusal/relational sexual assertiveness. Interestingly, when instances of rape were examined in the combined group as compared to women who had never experienced unwanted sexual intercourse, as number of sexual partners increased instances of rape increased for women with low refusal sexual assertiveness, did not increase for women with medium refusal sexual assertiveness, and decreased for women with high refusal sexual assertiveness. Comparatively, as number of sexual partners increased, instances of rape increased for women with low and medium relational sexual assertiveness, but did not increase for women with high relational sexual assertiveness. These data suggest that high sexual assertiveness is a protective factor against sexual coercion and possibly rape.

Sexual decision making involves both sexual want and sexual consent (Peterson & Muehlenhard, 2007). Sexual want was previously thought to be a dichotomous construct, but now is viewed as existing on a continuum (Muehlenhard & Peterson, 2005). Verbally outlining a plan for sexual activity is atypical and sexual consent instead is assumed by the partner from minimally resistant behavior or inferred from nonverbal behavior (Hickman & Muehlenhard, 1999; Beres et al., 2004; Beres, 2007). Unfortunately, men and women may not interpret sexual consent behavior in the same way (Hickman & Muehlenhard, 1999), possibly creating instances of miscommunication. Women who are more forceful with expressing what they want and do not want are less likely to have forced sexual intercourse (Walker et al., 2011). These data suggest that sexual assertiveness may be an important factor in sexual compliance.

The purpose of the present study is to examine the relationship among sexual assertiveness, sexual want, and display of sexual consent. Participants will be asked to recall

their most recent intimate sexual experience, provide demographic information, and complete measures of sexual internal consent, sexual external consent, and sexual assertiveness. It is expected that sexual assertiveness will moderate the relationship between sexual want and sexual consent. Gender will also be explored because males and females may differ in their sexual consent behavior. A moderated multiple regression will be conducted to assess the role of sexual assertiveness in the context of sexual want and consent for males and females.

II. METHODS

Participants

Participants were undergraduate male and female students from the University of Mississippi. 464 students (330 females, 133 males, and one unidentified) ranging in age from 18-30+ years completed the survey. 49.6% of the students were 18, 32.1% were 19, 10.8% were 20, 4.1% were 21, 1.5% were 22, and 1.9% were 23 or older. At the time of the survey, 68.3% of the participants had been students for less than 1 year, 19.6% between 1 and 2 years, 5.6% for 2 to 3 years, 4.7% between 3 and 4 years, and 1.7% of participants had been students 4 or more years. 73.5% of students identified as European American, 15.5% as African-American, 4.5% as Asian, 1.9% as Hispanic, and 4.5% identified as “other” ethnicities. 94.6% of participants self identified as heterosexual, 2.6% as bisexual, 1.7% as homosexual, .6% as asexual and .4% did not report their sexual orientation. (Table 1)

Measures

Demographic information on participant age, sex, race/ethnicity, sexual orientation, and number of years in college was collected. Participants were asked to identify the most intimate sexual activity that occurred during their most recent intimate sexual experience. Additionally, relationship status and alcohol use at the time of this recent intimate sexual experience were reported.

The Internal Consent Scale (ICS; Jozkowski, Sanders, Peterson, Dennis, & Reece, 2014b) is a 25-item self-report measure that assesses internal desire (sexual want) for a sexual experience. Exploratory factor analysis revealed five factors: physical response, safety/comfort,

arousal, consent/want, and readiness. Items are assessed on a 4-point Likert-type scale. Response options range from “agree” to “disagree”. Mean scores are calculated for total scale and each factor. In the original study, the overall scale obtained very good internal consistency (Cronbach α ; .95) and factor internal consistencies ranged from .91 to .94. In the current study, the Cronbach alpha coefficient was .93 for the overall scale.

The External Consent Scale (ECS; Jozkowski et al., 2014b) is an 18-item self-report measure that assesses external sexual consent behavior regarding a sexual experience. Factor analysis revealed five factors: nonverbal behaviors, passive behavior, communication/initiator behavior, borderline pressure, and no response signals. Items are assessed dichotomously with participants indicating “yes” or “no”. Mean scores are calculated for total scale and each factor. In the original study, the overall scale obtained good internal consistency (Cronbach α ; .85) and factor scale internal consistencies ranged from .67 to .81. In the current study, the Cronbach alpha coefficient was .84 for the overall scale.

The Sexual Assertiveness Survey (SAS; Morokoff et al., 1997) is an 18-item measure that assesses for sexual assertiveness and is composed of three subscales. The Initiation subscale asks a woman to indicate whether she lets her partner know that she wants sex. The Refusal subscale asks a woman to indicate whether she lets her partner know she does not want sex. The Pregnancy/STD prevention subscale asks a woman to indicate whether she asks for sexual protection during sex. Each subscale is composed of six items and items are assessed on a 5-point Likert-type scale. Response options range from “never” to “always”. Factor analysis supported these three factors. In the original study, internal consistency (Cronbach α) was good for the total scale (.84) as well as for each subscale (range from .80 to .82). In the current study,

the Cronbach alpha coefficient was .71 for the overall scale. The SAS correlates well with single-items assessing general assertiveness and sexual assertiveness (Morokoff et al., 1997).

Procedures

Participants were recruited via the University of Mississippi online participant recruitment system (*Sona Systems*). Students received .5 research credit hours for participating. Informed consent, measures, and question items were administered anonymously using Qualtrics (Enterprise Service Tools; Provo, UT). Participants were first administered informed consent describing the nature of the study, confidentiality, and right to terminate participation at any time. Participants were prompted to recall their most recent sexual experience, and complete measures in reference to that sexual activity. Measures collected included: internal consent, external consent, sexual assertiveness, and single-item questions on alcohol use, relationship status, and most intimate sexual activity that occurred during the recent sexual experience. Alcohol use was assessed by asking participants to indicate how many drinks they consumed prior to sexual activity. The relationship status question asked participants to indicate how they defined their relationship status with their sexual partner at the time of sexual activity (e.g., new sexual partners, married). Participants were asked to indicate from a list of possible sexual activities the most intimate sexual activity that occurred during that sexual encounter. Measure administration was counterbalanced (e.g., half of participants completed the measure of sexual assertiveness before the measures of consent and the other half of participants completed the sexual assertiveness measure after the consent measures). Upon completion of the survey, participants were debriefed and provided with a list of local psychological services.

III. RESULTS

620 individuals completed the survey on Qualtrics. Missing values analysis indicated no variables with 5% or more missing values. 110 participants were identified as duplicates by their computer response identification number, and were therefore removed from analysis. An additional 12 participants were removed because they did not fill-in responses beyond demographic and single item questions. 12 participants were removed due to a monotone response pattern on the Sexual Assertiveness Survey (half of the items are reverse scored). Median response completion time for the survey was approximately seven minutes. Seven participants were removed because response completion time was more than three and a half hours, and two participants were removed because response completion time was less than three minutes. Five participants were deleted because their responses contained more than 3 missing items (approximately 1.1%).

Prior to analyses, descriptive statistics were conducted on demographic variables, and distributions on continuous variables were examined for outliers, skewness, and kurtosis. Eight univariate outliers were removed. Mahalanobis distance identified no multivariate outliers. Examination of skewness and kurtosis revealed a normal distribution for sexual assertiveness. However, both internal and external consent were negatively skewed. An inverse transformation of both variables resulted in adequate skewness and kurtosis. Transformed variables were examined in data analysis. All continuous variables demonstrated linear relationships. Sexual assertiveness and internal consent were mean centered for ease of interpretation. The final sample consisted of 464 participants.

Percentages regarding most recent sexual experience follow (Table 2). 69.8% of participants indicated they had consumed no alcohol, while 31.2% of participants had consumed one or more alcoholic drinks at time of most recent sexual experience. Regarding relationship status at time of most recent sexual experience, 17.7% of participants were new sexual partners, 26.9% were friends with benefits/casually dating sexual partner, 15.1% were exclusively dating sexual partner, 39.2% were in a committed relationship with sexual partner, and 1.1% were married to sexual partner. Of the most intimate sexual activity that occurred at time of most recent sexual experience, 44.8% of participants reported vaginal/penile sexual intercourse, 1.5% reported anal sex, 10.1% reported oral sex, 7.6% reported hand job/manual stimulation, 7.1% reported fondling, 2.4% reported hugging, 1.5% reported touching, 21.8% reported kissing, 2.8% reported never having engaged in any form of intimate activity, and 4% did not indicate.

A correlation matrix of all variables was computed (Table 3). Internal consent positively correlated with external consent, while sexual assertiveness negatively correlated with sexual consent. When examining relationship status with sexual partner at most recent sexual experience, new sexual partners negatively correlated with external consent, and committed partners positively correlated with external consent. Of type of sexual activity at most recent sexual experience, intercourse (a combination of vaginal/penile and anal) positively correlated with external consent, indicating that participants who reported intercourse as their sexual activity also reported greater amounts of external consent behavior.

Moderated multiple regression was conducted to determine whether sexual assertiveness moderates sexual want and consent. Gender, sexual want (ICS), sexual assertiveness (SAS), and interaction terms were entered as predictors. Sexual consent (ECS) served as the dependent variable. The overall model was significant, $F(7, 455) = 24.470, p < .001$, and explained 27.3%

of the variance (Adjusted $R^2 = .262$). Conditional effects for gender, $F(1, 455) = 17.351, p < .001$, internal consent, $F(1, 455) = 35.963, p < .001$, and sexual assertiveness, $F(1, 455) = 13.057, p < .001$ were all significant. A significant overall Gender x ICS interaction, $F(1, 455) = 5.355, p < .05$, was found. Finally, there was a significant 3-way (Gender x SAS x ICS) interaction, $F(1, 455) = 13.617, p < .001$, indicating that level of moderation by which internal consent differentially affects male and female external consent behavior varies depending on level of sexual assertiveness displayed. (Table 4, Figure 1)

The 3-way interaction was probed by examining the conditional effect of Gender x ICS interaction at low, moderate, and high levels of sexual assertiveness. The pick-a-point approach (an analysis of simple slopes) was used for this examination (Hayes & Matthes, 2009). (Moderate values correspond to the mean value for all variables; low and high values correspond to ± 1 standard deviation.) At low levels of sexual assertiveness, internal consent does not differentially moderate external consent behavior between males and females, $t(455)=1.097, p = .273$. However, at moderate (mean SAS) ($t(455)=-2.314, p < .05$) and high ($t(455)=-3.686, p < .001$) levels of sexual assertiveness, internal consent appears to differentially moderate external consent behavior between males and females (Figure 1).

When the interaction is probed more closely, conditional effects of gender on external consent reveal differences at levels of sexual assertiveness and internal consent. Males and females exhibit similar consent behavior when sexual assertiveness is low and internal consent is low ($t=1.62, p = .106$), when sexual assertiveness is moderate and internal consent is high ($t=1.034, p = .302$), and when sexual assertiveness is high and internal consent is high ($t=-1.118, p = .264$). This suggests that when sexual assertiveness aligns with internal consent, external consent behavior does not differ between males and females. However, gender differences in

external consent behavior arise at other combinations of levels of sexual assertiveness and internal consent (Figure 1). Low sexual assertiveness and moderate sexual want ($t=3.375, p < .001$), as well as low sexual assertiveness and high sexual want ($t=3.087, p < .01$) differentially affect male and female external consent behavior. This suggests that external consent behavior is different for males and females at these combinations, with women reporting less external consent behavior than men when sexual assertiveness is low and sexual want is moderate or high. Moderate sexual assertiveness and low sexual want ($t=4.431, p < .001$), as well as moderate sexual assertiveness and moderate sexual want ($t=4.156, p < .001$) differentially affect male and female external consent behavior. This suggests that women reported less external consent behavior than men when sexual assertiveness is moderate and sexual want is low or moderate. Finally, high sexual assertiveness and low sexual want ($t=4.403, p < .001$), and high sexual assertiveness and moderate sexual want ($t=2.513, p < .05$) differentially affect male and female external consent behavior. This suggests that women report less external consent behavior than men when sexual assertiveness is high and sexual want is low or moderate. Overall, these results suggest that when internal consent and sexual assertiveness do not align, men and women exhibit differences in external consent behavior, whereby women display less external consent behavior than men.

Since males and females were found to exhibit differences in external consent behavior at different levels of sexual assertiveness and internal consent, the strength of the association between these variables was examined for each gender. A significant SAS x ICS simple slope interaction [$b=.206, t(455)=3.860, p < .001$, Figure 2] for women was found, indicating that the effect of internal consent on external consent changes depending on level of sexual assertiveness displayed by women. Probing of the simple slope showing the moderating effect of sexual

assertiveness on internal and external consent for women reveals that at high levels of sexual want, level of sexual assertiveness makes no difference in sexual consent behavior ($b=.001$, $t=.052$, $p = .959$). This suggests that women high in sexual want exhibit similar external consent behavior regardless of level of assertiveness. However, at moderate ($b=-.037$, $t=-3.546$, $p < .001$) and low ($b=-.074$, $t=-5.180$, $p < .001$) amounts of sexual want, level of sexual assertiveness appears to influence sexual consent behavior for women. This finding suggests that as level of sexual assertiveness increases at moderate and low levels of sexual want, women increasingly exhibit less external consent behavior.

Examination of the simple slope of internal consent (Figure 3) reveals that women low in sexual assertiveness ($b=.177$, $t=3.951$, $p < .001$), moderate in sexual assertiveness ($b=.289$, $t=9.473$, $p < .001$), and high in sexual assertiveness ($b=.402$, $t=10.145$, $p < .001$) exhibited different external consent behavior at all levels of sexual want. This result suggests that as level of sexual want increases women's external consent behavior also increases, irrespective of level of sexual assertiveness.

A significant SAS x ICS simple slope interaction [$b=-.249$, $t(455)=-2.240$, $p < .05$, Figure 4] was also found for men, indicating that the effect of internal consent on external consent behavior varies depending on level of sexual assertiveness. Examination of the simple slope showing the moderating effect of sexual assertiveness on internal and external consent reveals that at low levels of sexual want, level of sexual assertiveness makes no difference in sexual consent behavior ($b=.005$, $t=.203$, $p = .839$). This finding suggests that men low in sexual want display similar external consent behavior irrespective of level of sexual assertiveness. However, at moderate ($b=-.040$, $t=-2.155$, $p < .05$) and high ($b=-.085$, $t=-3.029$, $p < .01$) amounts of sexual want, level of sexual assertiveness appears to influence sexual consent behavior for men. This

finding suggests that as sexual assertiveness increases, at moderate and high amounts of sexual want, men report less external consent behavior.

Examination of the simple slope of internal consent reveals that for men high in sexual assertiveness, level of sexual want did not differentially affect external consent behavior ($b = -.008$, $t = -.076$, $p = .939$). (Figure 5) This result suggests that men high in sexual assertiveness display similar external consent behavior regardless of level of sexual want. However, for men moderate ($b = .128$, $t = 2.049$, $p < .05$) or low ($b = .264$, $t = 3.978$, $p < .001$) in sexual assertiveness, level of sexual want appeared to affect external consent behavior, such that as sexual assertiveness decreased and sexual want increased, men displayed higher levels of consent to sexual behavior.

IV. DISCUSSION

The decision regarding whether to engage in sexual behavior has long been viewed as a dichotomous yes/no choice. Recently, Peterson and Muehlenhard (2007) suggested that sexual decision-making is better viewed as an interaction between an individual's level of sexual want and sexual consent. That is, display of sexual consent behavior likely varies as a function of level of sexual want. Findings from the current study are consistent with an interaction model of sexual decision-making. Internal consent (want) was associated with external consent behavior.

Research has also demonstrated that sexual assertiveness is an important factor in individuals' display of sexual consent behavior (Morokoff et al., 1997). Most often examined in the context of a woman's ability to refuse unwanted sexual advances, a number of studies have suggested that women higher in sexual assertiveness exhibit higher levels of refusal behavior when confronted with unwanted sexual advances from men (Livingston et al., 2007; Walker et al., 2011). Consistent with these findings, sexual assertiveness was found to moderate the relationship between sexual want and sexual consent with gender differences evidenced.

For females, when sexual want was *low* and/or *moderate*, sexual assertiveness level was associated with external consent. This finding is consistent with previously cited research suggesting that women high in sexual assertiveness exhibit high levels of refusal to unwanted sexual advances from men (Walker et al., 2011). Conversely, females *low* in sexual assertiveness appear to be most at risk for compliant sex when their sexual want is low, as they reported higher levels of consent to sexual behavior relative to females with moderate and high levels of sexual assertiveness. Men are likely to assume a woman has consented to sex in the absence of verbal or

physical sexual refusal behavior (Burkett & Hamilton, 2010), and individuals more interpret partner sexual nonconsent from verbal behavior (Jozkowski et al., 2014a). Consequently, women low in sexual assertiveness are at risk for sexual victimization, as men may not realize they do not want sexual activity.

At *high* levels of sexual want, level of sexual assertiveness had little influence on women's display of external sexual consent behavior. That is, high levels of consent behavior were reported irrespective of sexual assertiveness level. It may be that when a woman's sexual want is high, bold/forceful external displays of assertive sexual interest are not necessary to prompt sexual contact with her partner. A woman may just have to respond to a man's initiation of sexual activity (Burkett & Hamilton, 2012), and no response is often interpreted as sexual consent (Hickman & Muehlenhard, 1999; Beres et al., 2004).

Consistent with the idea that men are the initiators of sexual activity (Burkett & Hamilton, 2012), males reported higher levels of external consent behavior than did females. Importantly, similar to women, men were found generally to display increased sexual consent behavior as sexual assertiveness increased across level of sexual want. This finding is in agreement with research reflecting the relationship between sexual assertiveness and sexual expression behavior for males (Greene & Faulkner, 2005).

Interestingly, for males *high* in sexual assertiveness no difference was found in sexual consent behavior across different levels of sexual want. Low levels of consent behavior were reported regardless of level of sexual want. Perhaps men believe they have to exhibit a certain level of sexual consent behavior regardless of sexual want, as men are stereotypically thought of as "always wanting" sex. O'Sullivan & Gaines (1998) noted that fewer males than females reported communicating feelings of sexual ambivalence to their partner. Moreover, it has been

suggested that relative to females, males view sexual behavior as an important component of presenting a positive social image (as cited in Muehlenhard & Peterson, 2005). Also, males have been found to consent to unwanted sexual activity to avoid tension in dating relationships (O'Sullivan & Allgeier, 1998).

Level of sexual assertiveness was not related to sexual consent behavior when males were *low* in sexual want. That is, low levels of consent were reported regardless of sexual assertiveness level. In a dating/relationship context, where males are generally initiators of sexual activity (Greene & Faulkner, 2005), there would be little reason for the male to display sexual consent behavior if he was not interested in engaging in sexual interaction. It may be that sexual assertiveness is most relevant for men with moderate to strong sexual desires, as the ability to communicate sexual interest and intentions would be necessary for initiating a sexual interaction with his partner.

Findings of the current study help clarify the relationship among sexual assertiveness, sexual want, and sexual consent behavior. Higher levels of sexual assertiveness generally indicate a better ability to communicate sexual want or lack of want to a partner. Individuals who express their level of sexual desire are less apt to be misinterpreted by their partner, as each gender more interprets sexual consent behavior consistent with that gender's expression of consent behavior (Hickman & Muehlenhard, 1999). Importantly, discussion of sexual boundaries previous to sexual activity has demonstrated shorter response times in both males and females in determining when male sexual advances should be stopped (Winslett & Gross, 2008). Interventions aimed at increasing sexual assertiveness before sexual activity occurs could also decrease ambiguity in the sexual context and more insure that individuals get what they want.

Several limitations of the current work deserve mention. The sample was composed of college students largely of European descent. In order to examine the generalizability of findings it would be useful for future studies to include a more ethnically/racially and sexually diverse sample, as well as community samples. This study used self-report measures and maybe subject to social desirability. However, it is important to note that in assessment of sexual behavior, anonymous self-administered surveys have been shown to increase rates of disclosure (Fisher, 2009). Although data were collected on several demographic and contextual variables, statistical considerations precluded close examination of these variables in the relationship among sexual assertiveness, sexual want, and sexual consent. It might prove beneficial to examine these variables in future studies. For example, a larger sample size will allow examination of these variables across type of sexual activity and level of relationship intimacy.

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APPENDIX

Table 1. Descriptive Statistics of Participants (n=464)

Gender	Frequency	Percentage
Female	330	71.1%
Male	133	28.7%
Unidentified	1	.2%
Age	Frequency	Percentage
18 years old	230	49.6%
19 years old	149	32.1%
20 years old	50	10.8%
21 years old	19	4.1%
22 years old	7	1.5%
23+	9	1.9%
Years in College	Frequency	Percentage
< 1 year	317	68.3%
1-2 years	91	19.6%
2-3 years	26	5.6%
3-4 years	22	4.7%
4+ years	8	1.7%
Ethnicity	Frequency	Percentage
European American	341	73.5%
African American	72	15.5%
Hispanic	9	1.9%
Asian	21	4.5%
Other Ethnicity	21	4.5%
Sexual Orientation	Frequency	Percentage
Heterosexual	439	94.6%
Bisexual	12	2.6%
Homosexual	8	1.7%
Asexual	3	.6%
Unidentified	2	.4%

Table 2. Descriptive Statistics of Most Recent Sexual Experience (n=464)

Alcoholic Drinks	Frequency	Percentage
0 drinks	324	69.8%
1+ drink	140	30.2%
Relationship Status	Frequency	Percentage
New sexual partner	82	17.7%
Friends with benefits	125	26.9%
Exclusively dating	70	15.1%
In a committed relationship	182	39.2%
Married	5	1.1%
Most Intimate Sexual Activity	Frequency	Percentage
Vaginal/penile sexual intercourse	208	44.8%
Kissing	101	21.8%
Oral sex	47	10.1%
Manual stimulation	35	7.5%
Fondling	33	7.1%
Hugging	11	2.4%
Touching	7	1.5%
Anal Sex	7	1.5%
Never	13	2.8%
Did not indicate	2	.4%

Table 3. Correlation Matrix examining the relationship among external consent, internal consent, sexual assertiveness, intercourse, relationship status, and alcohol use

	1	2	3	4	5	6
External Consent						
Pearson Corr.	1	.414**	-.187**	.453**	.186**	-.051
Sig (2t)		.000	.000	.000	.000	.272
N	464	464	464	462	464	464
Internal Consent						
Pearson Corr.	.414**	1	.027	.271**	.325**	-.195**
Sig (2t)	.000		.567	.000	.000	.000
N	464	464	464	462	464	464
Sex. Assertiveness						
Pearson Corr.	-.187**	.027	1	-.225**	.042	-.100*
Sig (2t)	.000	.567		.000	.369	.032
N	464	464	464	462	464	464
Intercourse						
Pearson Corr.	.453**	.271**	-.225**	1	.087	-.044
Sig (2t)	.000	.000	.000		.062	.342
N	462	462	462	462	462	462
Rel. Status (Committed)						
Pearson Corr.	.186**	.325**	.042	.087	1	-.365**
Sig (2t)	.000	.000	.369	.062		.000
N	464	464	464	462	464	464
Alcohol Use						
Pearson Corr.	-.051	-.195**	-.100*	-.044	-.365**	1
Sig (2t)	.272	.000	.032	.342	.000	
N	464	464	464	462	464	464

1=external consent, 2=internal consent, 3=sexual assertiveness, 4=intercourse, 5=relationship status, 6=alcohol use

* $p < .05$, ** $p < .01$.

Table 4. Moderated multiple regression investigating differences between gender for external consent moderated by internal consent and sexual assertiveness

4a. Descriptive Statistics for continuous variables.

	Mean	Standard Deviation
External Consent	.6826	.2265
External Consent Inverted	.7794	.1211
Internal Consent	3.471	.4611
Internal Consent Inverted	.7062	.1815
Sexual Assertiveness	3.6306	.5474

4b. Moderated Multiple Regression Model Summary

R	R-square	MSE	F	df1	df2	p
.5230	.2735	.0108	24.4698	7	455	.0000**

4c. Moderated Multiple Regression for Women

	b coefficient	standard error	t	p
Intercept	.7660	.0058	132.7730	.0000**
Gender	.0464	.0112	4.1655	.0000**
ICS	.2892	.0305	9.4727	.0000**
SAS	-.0366	.0103	-3.5461	.0004**
Gender x ICS	-.1611	.0696	-2.3142	.0211*
Gender x SAS	-.0031	.0211	-.1471	.8831
ICS x SAS	.2057	.0533	3.8600	.0001**
Gender x ICS x SAS	-.4544	.1231	-3.6901	.0003**

4d. Moderated Multiple Regression for Men

	b coefficient	standard error	t	p
Intercept	.8125	.0095	85.1440	.0000**
Gender	-.0464	.0112	-4.1655	.0000**
ICS	.1282	.0625	2.0494	.0410*
SAS	-.0397	.0184	-2.1552	.0317*
Gender x ICS	.1611	.0696	2.3142	.0211*
Gender x SAS	.0031	.0211	.1471	.8831
ICS x SAS	-.2486	.1110	-2.2399	.0256*
Gender x ICS x SAS	.4544	.1231	3.6901	.0003**

* $p < .05$, ** $p < .01$.

Figure 1. This graph represents the 3-way (Gender x SAS x ICS) Interaction. SAS = Sexual assertiveness; ICS = Internal consent.

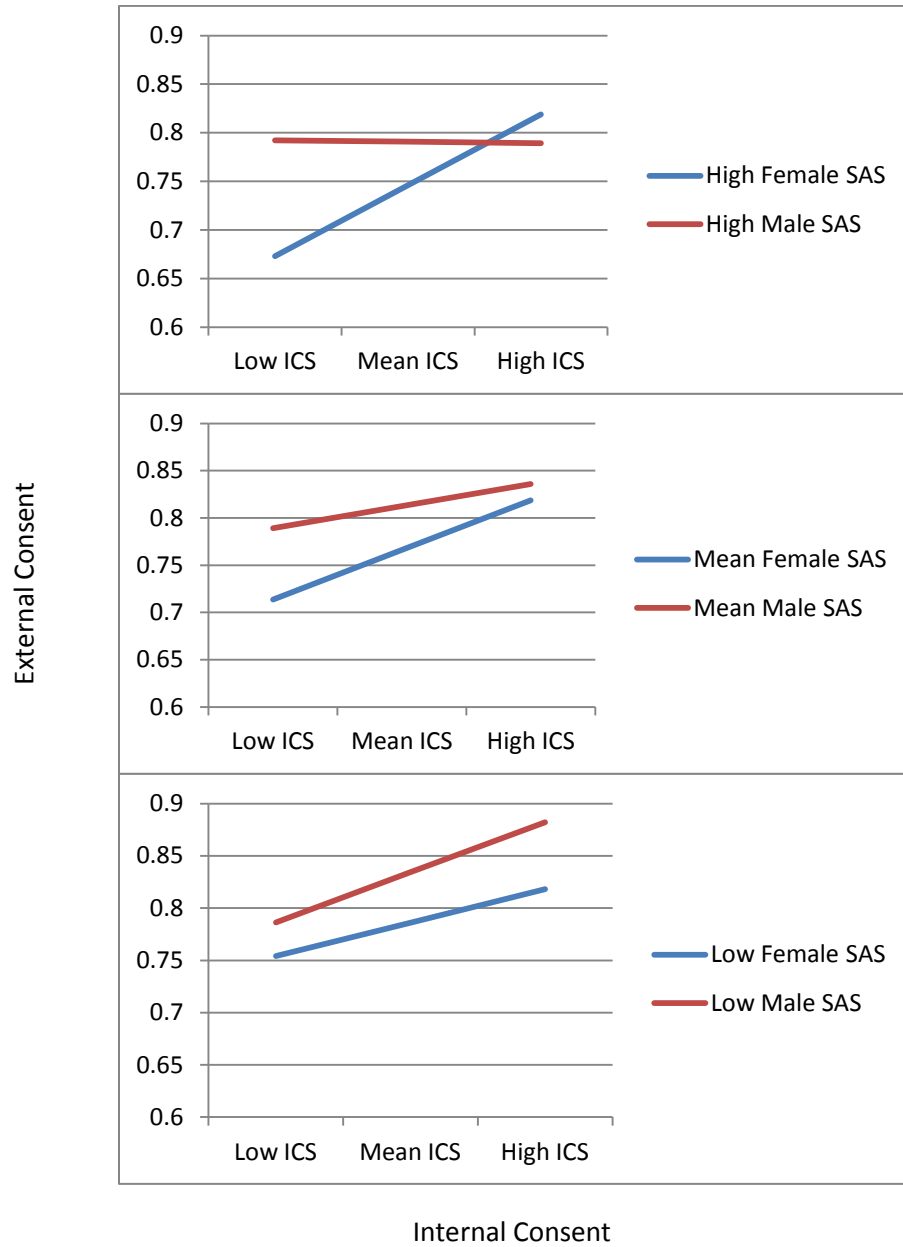


Figure 2. This graph represents the correlation between internal consent (ICS) and external consent (ECS) at different levels of sexual assertiveness (SAS) for females.

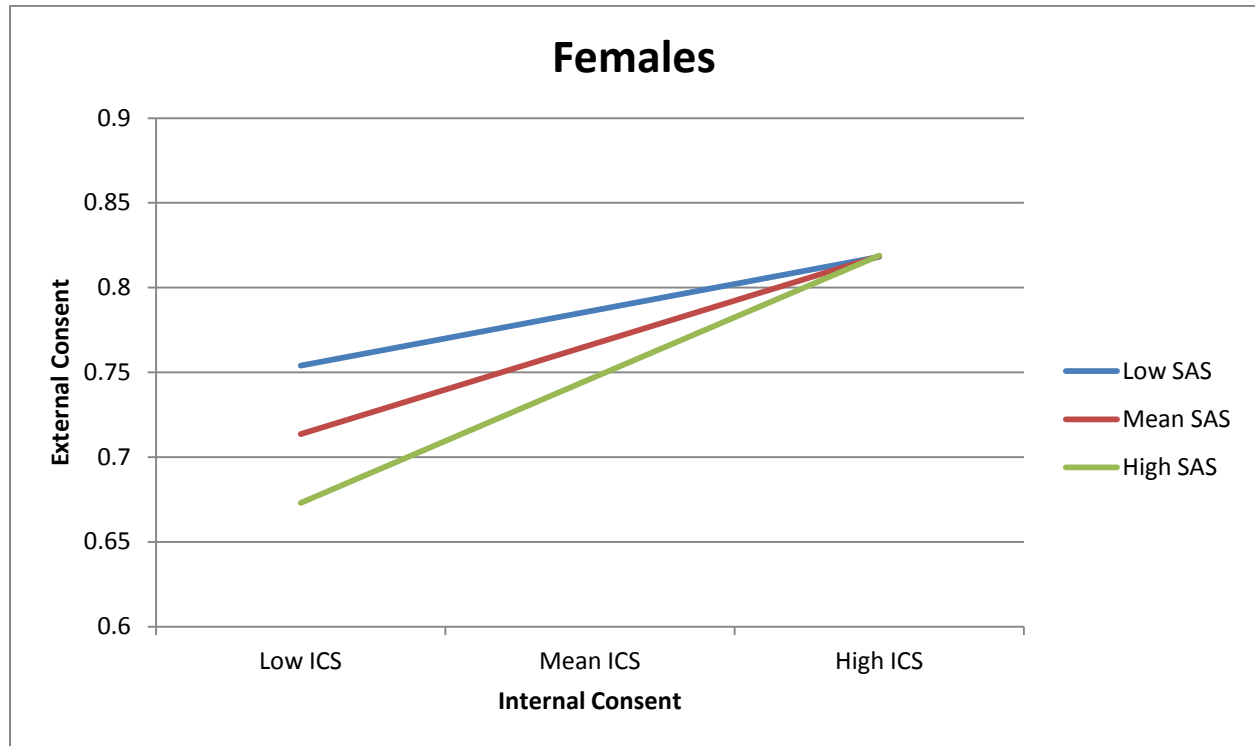


Figure 3. This graph represents the correlation between sexual assertiveness (SAS) and external consent (ECS) at different levels of internal consent (ICS) for females.

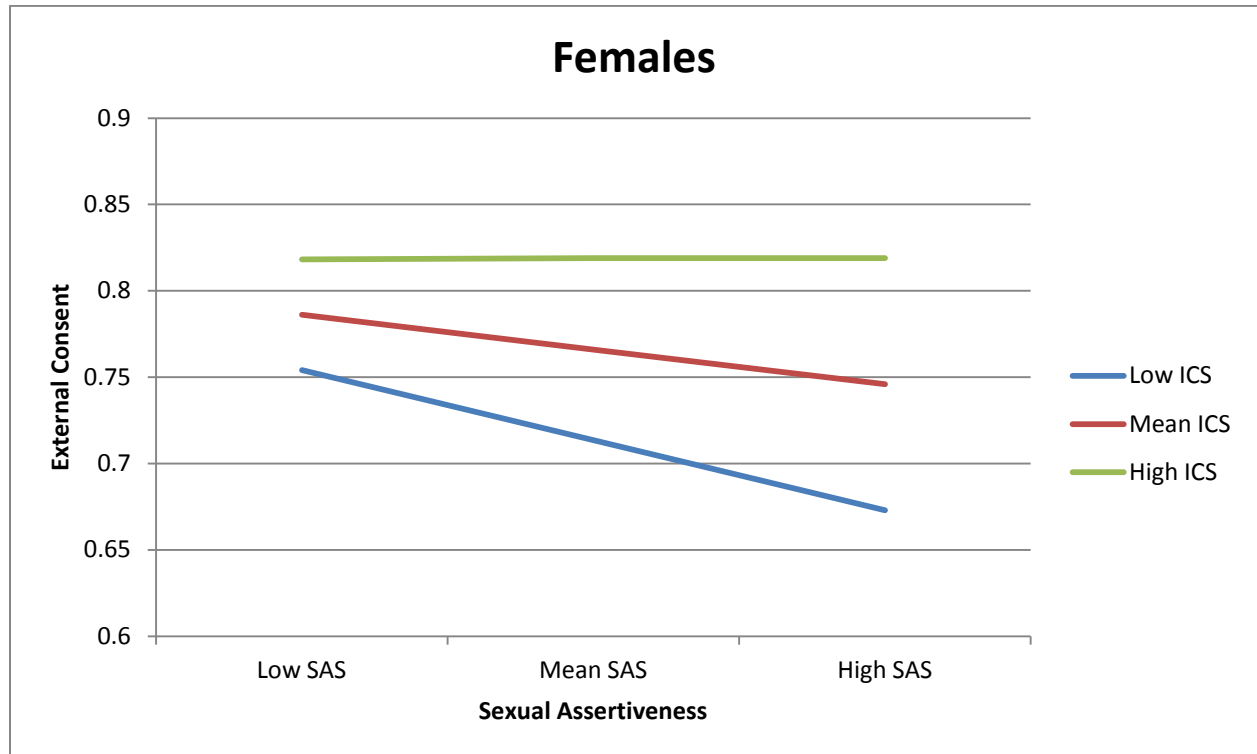


Figure 4. This graph represents the correlation between internal consent (ICS) and external consent (ECS) at different levels of sexual assertiveness (SAS) for males.

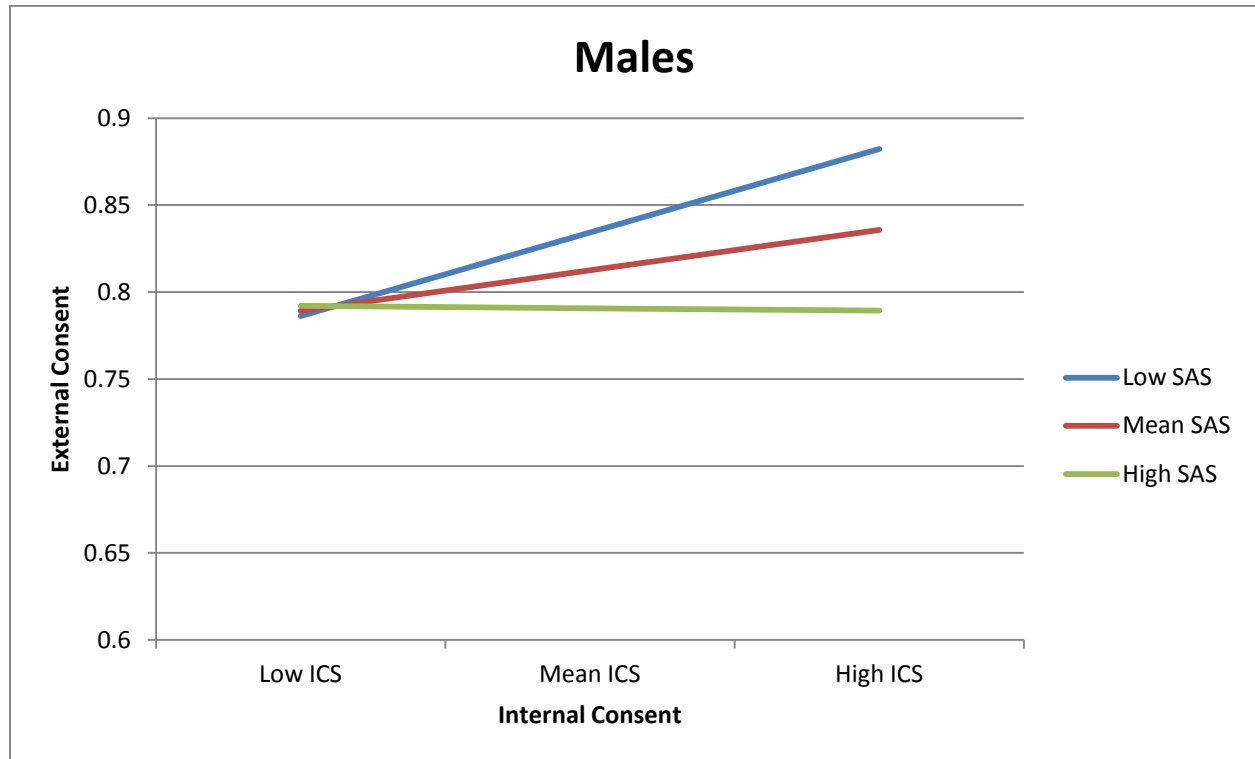
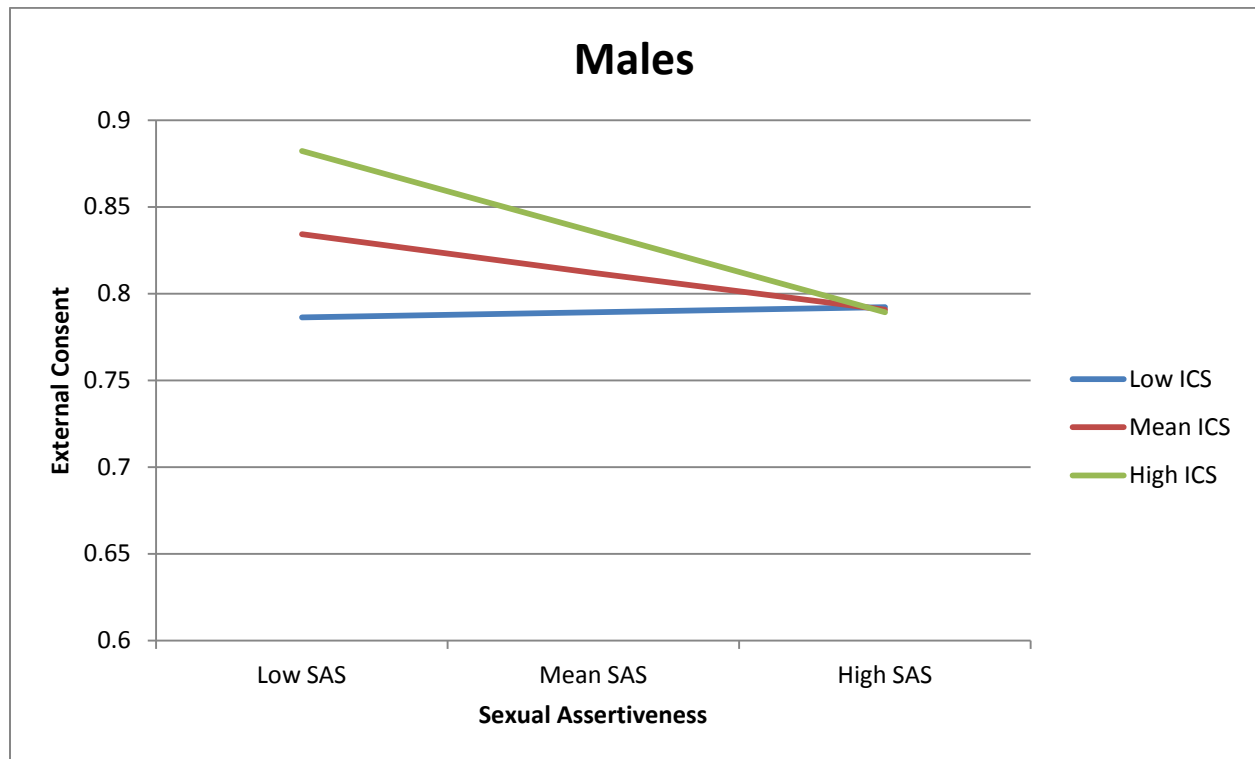


Figure 5. This graph represents the correlation between sexual assertiveness (SAS) and external consent (ECS) at different levels of internal consent (ICS) for males.



VITA

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EDUCATION

In Progress	Ph.D.	University of Mississippi Clinical Psychology
May 2015	M.A.	University of Mississippi Clinical Psychology Thesis Title: <i>Examining the relationship between sexual want, sexual consent, and sexual assertiveness</i> Thesis Chair: Alan M. Gross, Ph.D.
May 2003	B.A.	Boston College History

CLINICAL EXPERIENCE

2014-present	<u>Psychological Assessment Clinic</u> , University of Mississippi Supervisor: Scott Gustafson, Ph.D. Position: Psychological Examiner Duties: Provide comprehensive psychological evaluations to assess for Attention-Deficit/Hyperactivity Disorder. Administer and score tests, write integrated reports, and present feedback.
2013-present	<u>ICS Head Start</u> , Crenshaw, Holly Springs, & Oxford, MS Supervisor: Alan M. Gross, Ph.D. Position: Behavioral Consultant Duties: Consult for three head start programs in north Mississippi for an average of 12 hours a month during the pre-school year. Conduct classroom observations, develop child specific behavior plans, and work with pre-school teachers in how to implement behavior plans for disruptive children, as well as how to effectively manage the classroom.

- 2012-present Psychological Services Center, University of Mississippi
Supervisors: Alan M. Gross, Ph.D., Scott Gustafson, Ph.D., & Laura R. Johnson, Ph.D.
Position: Graduate Student Therapist
Duties: Conduct intake interviews, develop treatment plans, and provide individual and family therapy for clients presenting with Panic Disorder, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder, disruptive behavior, and anxiety and mood disorders.
- 2013-2015 Autism Center of North Mississippi, Tupelo, MS
Supervisors: Scott Bethay, Ph.D., & Matthew Davison, M.S., BCBA
Position: Psychology Intern
Duties: Assessed children and adolescents for autism spectrum disorder, developmental delay, and other anxiety and mood disorders. Administered individual ABA therapy twice weekly to children diagnosed with autism spectrum disorder or a developmental delay.
- 2012-2014 International Programs, University of Mississippi
Supervisor: Laura R. Johnson, Ph.D.
Position (2014): Co-facilitator of the Ole Miss Global Spouses & Partners Connection Program; (2012-2013): Co-facilitator of the International Ladies Club
Duties: Facilitated a weekly support group for international women to discuss acculturation, learn about cultures and diversity, connect with others, and cope with acculturative stress.
- 2012-2013 The Baddour Center, Senatobia, MS
Supervisor: Shannon L. Hill, Ph.D.
Position: Education and Research Intern
Duties: Provided individual therapy to adults with intellectual disabilities, conducted assessments (intellectual, adaptive behavior, medication side-effects, dementia, functional behavior), developed and implemented behavior plans, and lead a social skills group.

RESEARCH EXPERIENCE

- 2011-2013 Multicultural Lab, University of Mississippi
Supervisor: Laura R. Johnson, Ph.D.
Position: Graduate Research Assistant
Duties: Collaborated on positive youth development research, study abroad research, acculturation, and cultural competency. Assisted with IRB proposal for study abroad internet study, data collection, data analysis, and manuscript preparation and submission.

- 2012 *What self-reports can tell us: Using a decision tree approach to reduce assessment burden.* University of Mississippi
 Supervisor: Regan Stewart, Ph.D. candidate
 Position: Research Assistant
 Duties: Interviewed study participants about a traumatic episode using a structured interview as well as administered a mini intelligence test to participants.
- 2012 UM Disaster Research Center, University of Mississippi
 Supervisor: Stefan E. Schulenberg, Ph.D.
 Position: Graduate Research Assistant
 Duties: Assisted with data entry, data analysis, literature reviewing and synthesizing, and article writing.
- 2011 *Community Assessment for Public Health Emergency Response (CASPER) after the Gulf Coast Oil Spill.* Centers for Disease Control and Prevention, National Center for Environmental Health, Division of Environmental Hazards and Health Effects
 Position: Data Collector
 Duties: Administered a community assessment survey on health and psychological effects post oil spill in coastal Mississippi.
- 2010-2011 Research Center for Trauma and Addiction, City College, New York, NY
 Supervisor: Stephen Anen, Ph.D.
 Position: Research Assistant
 Duties: Screened participant eligibility for two studies assessing treatment effectiveness for PTSD and substance misuse. Marketed both studies and assisted with updating IRB proposal.
- 2009-2010 New York University Child Study Center, New York, NY
 Supervisor: Esther Calzada, Ph.D.
 Position: Research Assistant
 Duties: Interviewed kindergartners and 1st graders about their cultural awareness and sense of ethnic identity. Recruited parents for and assisted at monthly cultural awareness workshops. Contributed to a monthly newsletter updating parents and schools on workshop events.

TEACHING/TRAINING EXPERIENCE

- 2011-2013 Institute for International Studies, University of Mississippi
Pre-departure and Re-entry Workshops
 Supervisor: Laura R. Johnson, Ph.D.
 Co-facilitated workshops in the fall and spring semesters for students about to depart for study abroad and students just returned from study abroad. Discussed intercultural communication skills, cross-cultural adjustment, expectations, and reflected on the study abroad experience. Small group formats and interactive games fostered discussion.

- 2013 The Baddour Center, Senatobia, MS
New Hire Orientation
 Supervisor: Shannon Hill, Ph.D.
 Conducted in-service training for new vocational staff members on positive behavior support and appropriate intervention with regard to residents of the facility.
- 2011 City College, City University of New York, New York, NY
 Supervisor: Brett Silverstein, Ph.D.
 Position: Teaching Assistant for In The Modern World (Psy 10200)
 Duties: Developed lesson plans for and lead a weekly discussion class, graded weekly quizzes, exams and writing assignments.

PUBLICATIONS

- Chin, E., Drescher, C.F., Trent, L.R., **Darden, M.C.**, Seak, W.C., & Johnson, L.R. (2015). Searching for a Screener: Examination of the Factor Structure of the General Health Questionnaire in Malaysia. *International Perspectives in Psychology: Research, Practice, Consultation*. doi:10.1037/ipp0000030
- Walters, A. B., Drescher, C. F., Baczwaski, B. J., Aiena, B. J., **Darden, M. C.**, Johnson, L. R., Buchanan, E. M., & Schulenberg, S. E. (2014). Getting active in the Gulf: Environmental attitudes and action following two Mississippi coastal disasters. *Social Indicators Research*, 118, 919-936. doi:10.1007/s11205-013-0428-2
- Stewart, R.W., & **Darden, M. C.** (2013). Sojourner. In K. Keith (Ed.) *Encyclopedia of Cross-Cultural Psychology*. Wiley-Blackwell.

PRESENTATIONS

- Darden, M.C.**, & Gross, A.M. (April 2015). *Internal consent, external consent, and sexual assertiveness in sexual decision-making*. Oral presentation at the 2nd annual Conference on Psychological Science, University of Mississippi, Oxford, MS.
- Darden, M. C.**, Berkout, O.V., & Gross, A.M. (November 2014). *Exploring the Relationship Among Psychopathy, Perspective Taking, and Aggression in a College Sample*. Poster presented at the 48th annual meeting of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.
- Darden, M. C.**, Chin, E., Berkout, O.V, Drescher, C., Trent, L., Khor, K. L, Seak, R., Loo, A., Romeo, S., & Johnson, L. (November 2013). *Factor Structure and Other Psychometric Properties of the General Self Efficacy Scale in a Malaysian Sample*. Poster presented at the 47th annual meeting of the Association for Behavioral and Cognitive Therapies, Nashville, TN.

- Chin, E., Drescher, C., Trent, L., **Darden, M.C.**, Kremer, A., Khor, K. L., Seak, R., Loo, A., Romeo, S., Young, J., & Johnson, L. (November 2013). *Psychometric properties of the English and Chinese versions of the 12-item General Health Questionnaire in a Malaysian college sample*. Poster presented at the 47th annual meeting of the Association for Behavioral and Cognitive Therapies, Nashville, TN.
- Drescher, C. F., Chin, E., Trent, L. R., **Darden, M. C.**, Vosbein, M., Khor, K. L., Seak, R., Loo, A., Romeo, S. & Johnson, L. R. (November 2013). *An analysis of the psychometric properties of the English and Chinese versions of the Meaning in Life Questionnaire (MLQ): A Malaysian college sample*. Poster presented at the 47th annual meeting of the Association for Behavioral and Cognitive Therapies, Nashville, TN.
- Darden, M. C.**, & Schulenberg, S. E. (September 2012). *The Developmental Assets Profile (DAP)*. Poster presented at the 2012 annual convention of the Mississippi Psychological Association, Gulfport, MS.
- Morales-Murillo, C., **Darden, M. C.**, Johnson-Pynn, J., & Johnson, L. R. (August 2012). *Youth Purpose and Participation Across International and Ecological Contexts*. Poster presented at the 120th annual convention of the American Psychological Association, Orlando, FL.
- Johnson, L.R., Hankton, U.N., Bastien, G., **Darden, M.C.**, & Johnson, C.N. (November 2011). *Positive Youth Development in a Global Context*. Presentation at the Caribbean Regional Conference of Psychology, Nassau, Bahamas.